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10/523,204	01/18/2006 RULE	382	2624	SHARONY=1

APPLICANTS
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**** CONTINUING DATA ******* verified /AA/
 This application is a 371 of PCT/IL03/00622 07/27/2003

**** FOREIGN APPLICATIONS ******* verified /AA/
 ISRAEL 150915 07/25/2002

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **** SMALL ENTITY **

Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		ISRAEL	6	41	1
Verified and /ANDRAE S ALLISON/ Acknowledged <u>Examiner's Signature</u> <u>Initials</u>					

ADDRESS
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TITLE
 Imaging system and method for body condition evaluation

FILING FEE RECEIVED 940	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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